



Holiday Club Form

Child Number:
Office Use Only

HOLIDAY CLUB 2017: FEBRUARY EASTER JUNE SUMMER OCTOBER CHRISTMAS

Parent / Carer Name:

Childs Name:

Primary School:

Email Address:

D.O.B:

Age:

We will only contact you with news regarding Funtime Activities Sports for Kids

Home Address:

Does your child have a Student Support Assistant in any area within school or a specialised care plan ?

Yes

No

If yes please provide further information on the back of this form

Contact Number:

I agree that Funtime Activities / Curly Whirleez may take photographs that my child may be in for marketing purposes

Yes

No

Relationship to Child:

Emergency Contact Number:

I agree to a qualified member of staff administering First Aid whilst in the care of the Holiday Club

Yes

No

Name:

Is your child allowed plasters ?

Relationship to Child:

Yes

No

Medical Conditions:

1.....

2.....

3.....

Are any of the above medical conditions classed as urgent?

Yes

No

Please note we are not permitted to administer medicine of any kind whilst your child is in our care. Please ensure your child takes appropriate medication before attending

Booking Confirmation: £12 per day

Date

Monday Paid

Tuesday Paid

Wednesday Paid

Thursday Paid

Friday Paid

Total Paid: £..... Cash / Card

Staff taken booking:

Food Only Allergies / Intolerances:

1.....

2.....

Parent / Carer Signature:

I confirm all the information on this form is true and complete. I understand that late picks up will occur a £3 fee per 15 mins

Signed:

Date:.....

SSA / Specialised Care Plan Information:

Signed:

Date: